

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043384

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 221

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10355

20355

3

4 3

5 2

6

7 1

8 2

9332x

10

11

1290-0

13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett Mo.		c. CITY OR TOWN Kennett Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1134 N. Vandeventer		d. STREET ADDRESS (If outside, give location) 1134 N. Vandeventer Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Martha Middle Dempsey Last Dempsey		4. DATE OF DEATH Month Nov. Day 25 Year 1963	
5. SEX Female	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 15 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (last birthday) 69 IF UNDER 1 YEAR Months Days Hours Min.
11a. FATHER'S NAME Jim Brooks		11b. MOTHER'S MAIDEN NAME Lila Ringer	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		12b. SOCIAL SECURITY NO. None	
13a. FATHER'S NAME Jim Brooks		13b. MOTHER'S MAIDEN NAME Lila Ringer	
14a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		14b. SOCIAL SECURITY NO. None	
15. NAME OF HUSBAND OR WIFE Deceased		16. NAME OF HUSBAND OR WIFE Deceased	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Unknown		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hours 4 days ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pyelonephritis Chronic		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20a. TIME OF INJURY Hour a.m. p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Jan 1961 to Nov 25 1963 saw her him alive on Nov 25, 1963 Death occurred at 8 8 m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Charles P. Cash (Degree or title) M.D.	
22b. ADDRESS Kennett Mo.		22c. DATE SIGNED 10-28-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-1-63	
23c. NAME OF CEMETERY OR CREMATORY Willoughby Cemetery		23d. LOCATION (City, town, or county) Kennett Mo.	
24. FUNERAL DIRECTOR Lentz Service		25. DATE RECD. BY LOCAL REG. 11-29-1963	
26. REGISTRAR'S SIGNATURE Carl J. L. L. L.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edgar Lee Feltz

Licensed Embalmer No. 4433

P. O. Address Kennett Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.